

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO. 16-14306

Debtor Edward Camp Dixon SS# xxx-xx-0128 Median Income ☐ Above ☒ Below  
Joint Debtor Paula Dixon SS# xxx-xx-9634  
Address 243 Plantation Way Byhalia, MS 38611-0000

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ 695.00 per **monthly** to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

**Direct Pay**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Joint Debtor shall pay \$ \_\_\_\_\_ per (**monthly / semi-monthly / weekly / bi-weekly**) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIORITY CREDITORS.**

Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	\$ <u>0.00</u>	@ <u>0.00</u>	/month
Mississippi Dept. of Revenue:	\$ <u>0.00</u>	@ <u>0.00</u>	/month
Other/	\$ <u>0.00</u>	@ <u>0.00</u>	/month

**DOMESTIC SUPPORT OBLIGATION DUE TO:**

-NONE-

POST PETITION OBLIGATION: In the amount of \$ per month beginning .

To be paid \_\_\_\_\_ direct, \_\_\_\_\_ through payroll deduction, or \_\_\_\_\_ through the plan.

-NONE-

PRE-PETITION ARREARAGE: In the total amount of \$ through shall be paid the amount of \$ per month beginning

To be paid \_\_\_\_\_ Direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO: Ocwen Loan Servicing, LLC BEGINNING @ \$ 599.43 ☒ PLAN ☐ DIRECT  
MTG ARREARS TO: Ocwen Loan Servicing, LLC THROUGH 25,262.67 \$ \*\*\* @ \$ \*\*\* /MO\*  
(\*Including interest at %)

**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: -NONE- Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed Yes ☐ No ☐

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

Debtor's Initials ED Joint Debtor's Initials PD

CHAPTER 13 PLAN, PAGE 1 OF 2

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
<b>-NONE-</b>					%	

\*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
-----------------	------------	-------------------	-----------------------

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
<b>-NONE-</b>			

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments: \*\*\* Debtors' are seeking a loan modification with Ocwen Loan Servicing, LLC. The Debtors are paying the ongoing mortgage only through the plan until a determination is made on the pending modification. If approved, the plan will be modified to show the correct payment due under the modification. If denied, the plan will be amended to include arrearage owed.

**GENERAL UNSECURED DEBTS** totaling approximately \$ 4,683.91. Such claims must be timely filed and not disallowed to receive payment as follows:      IN FULL (100%) or 0 % (percent) MINIMUM, or a total distribution of \$     , with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total Attorney Fees Charged \$	<u>3,200.00</u>
Attorney Fees Previously Paid \$	<u>0.00</u>
Attorney fees to be paid in plan \$	<u>3,200.00</u>

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent	Attorney for Debtor (Name/Address/Phone # / Email) <b>Robert H. Lomenick 104186</b> <b>126 North Spring Street</b> <b>Post Office Box 417</b> <b>Holly Springs, MS 38635</b>
Telephone/Fax	Telephone/Fax <b>662-252-3224</b> Facsimile No. <b>662-252-2858</b> E-mail Address <b>karen.schneller@gmail.com/rlomenick@gmail.com</b>

DATE: <b>December 19, 2016</b>	DEBTOR'S SIGNATURE <u>/s/ Edward Camp Dixon</u>
	JOINT DEBTOR'S SIGNATURE <u>/s/ Paula Dixon</u>
	ATTORNEY'S SIGNATURE <u>/s/ Robert H. Lomenick</u>